

## Combined Full Reports (PDFs/PFFs)

### Reports in this file:

(in order as they appear in the document)



1. NYSID No.		2. OBTS No.		New York State ARREST REPORT						4. Ref No.		4b.					
5. FBI No.		6. Arrest No.		7. Agency		8. Division/Precinct		4a.									
A						S. P. D. PATROL 03											
9. Name (Last, First, Middle)						10. Alias / Nickname / Maiden Name (Last, First, Middle)						11. Phone Number					
DEFENDANT INFORMATION	12. Date of Birth		17. Age		18. Sex		13. City, State, Zip (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> )		14. Residence Status		15. Place of Birth						
	52				M <input checked="" type="checkbox"/> F <input type="checkbox"/> U <input type="checkbox"/>		Syracuse NY 13203		Resident <input checked="" type="checkbox"/> Non-Resident <input type="checkbox"/>		N. Y.						
	22. Height		23. Weight		24. Hair		25. Eyes		19. Race		20. Ethnic		21. Skin				
	6' 0"		230		B20		B20		White <input checked="" type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/>		Non Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/>		Light <input type="checkbox"/> Medium <input checked="" type="checkbox"/>				
	Feet		Inches						Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>				Dark <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/>				
	21. Social Security No.		32. Education		33. Religion		34. Occupation		26. Glasses		27. Build		28. Marital Status	29. U.S. Citizen	30. Citizen of		
					Bapt.				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Small <input type="checkbox"/> Med <input type="checkbox"/>		Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Separated <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	U.S.		
									Contacts <input type="checkbox"/>		Large <input type="checkbox"/>		Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown <input type="checkbox"/>				
ARREST INFORMATION	31. Social Security No.		32. Education		33. Religion		34. Occupation		35. Employed		36. Scars / Marks / Tattoos (Describe)						
									Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>								
	37. Arresting Officer		38. ID No.		39. Assisting Officer		40. ID No.		41. Arrest Date		42. Time		43. Location of Arrest (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> )				
	M. Shannon		0385		M. Dixon		0539		9 29 16		2128		1201 N. Schine St S		State		
	Street		City						Mo Day Yr								
	44. Juvenile		45. Condition of Defendant At Arrest		46. Weapon(s) at Arrest		47. Co-defendant's Arrest No.										
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Impaired Drugs <input type="checkbox"/> Mental Dis <input type="checkbox"/> Impaired Alco <input type="checkbox"/> Inj/Ill <input checked="" type="checkbox"/> App Normal		Knife												
	48. Miranda		49. Miranda by		50. Miranda Date		51. Miranda Time		52. Statements		53. Status		54. Search Warrant		55. ID Procedure		
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Mo Day Yr		Mo Day Yr		Written <input type="checkbox"/> None <input type="checkbox"/> Verbal		Bail/ROR <input type="checkbox"/> Parole <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Line Up <input type="checkbox"/> Photo <input type="checkbox"/> None <input type="checkbox"/> Show Up		
56. Arraignment Court		57. Arraignment Judge		58. Date		59. Time		60. Property		61. Evidence		61a. Processed by		61b. Disposition			
City		Preciding		89 30 16		Mo Day Yr		9 0930		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
62. Incident No.		63. Arrestee Status		64. Bail Amount		65. Bondsman								66. Photo No.			
16-47975		<input type="checkbox"/> ROR <input type="checkbox"/> Police Bail <input checked="" type="checkbox"/> Held <input type="checkbox"/> Cash Bail <input type="checkbox"/> Bail Bond <input type="checkbox"/> App Tkt <input type="checkbox"/> Ref to 3rd Party															
67. Arrest Type		68. Warrant No.		69. Arrest FOA		70. Other Agency								71. F/P Taken			
<input type="checkbox"/> PW <input type="checkbox"/> IW <input type="checkbox"/> SUM <input type="checkbox"/> CIP <input checked="" type="checkbox"/> COMP <input type="checkbox"/> OP <input type="checkbox"/> FC <input type="checkbox"/> VOP <input type="checkbox"/> BW <input type="checkbox"/> AW <input type="checkbox"/> OT		-		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
72. Location of Offense (C <input checked="" type="checkbox"/> T <input type="checkbox"/> V <input type="checkbox"/> )		73. Offense Date		74. No. Offenders		75. No. Victims		76. Return Court		77. Return Judge		78. Return Date		79. Time			
City Sur County Onondaga State NY		1 Mo Day Yr		1		2						Mo Day Yr					
80. Defendant/Case TOT Agency		80a. Officer's Name		80b. ID No.		81. Time		82. Date									
CHARGE INFORMATION	83. Law	Article & Section	SUB	CL	CAT	DEG	ATT	NAME OF OFFENSE		CTS	NCIC CODE	VICTIM Age Sex Handicap	ASSOC. NO	TYPE			
	PL	12014	1	A	M	2	N	Menacing		1		37 M N		<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH			
	PL	26501	2	A	M	4	N	CPW		1		37 M N		<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH			
	PL	20530	-	A	M	-	N	Resisting Arrest		1				<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH			
								Negligence						<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH			
								80978						<input type="checkbox"/> APP <input type="checkbox"/> UTT <input type="checkbox"/> OTH			
ASSOCIATED PERSONS INFORMATION	84. Person Type	OT=Other CH=Child	SP=Spouse PA=Parent	CD=Co-Defendant AS=Associate	SC=School LA=Lawyer	PO=Parole Officer PR=Probation Officer	VI=Victim WI=Witness	Re=Relative CO=Complainant	RP=Religious Person DR=Doctor								
	Type	Name (Last, First, Middle)		Street Number and Name		City, State, Zip		Phone Number									
NARRATIVE	ON THE ABOVE DATE, TIME AND LOCATION, THE ABOVE DEFENDANT WAS ARRESTED FOR THE ABOVE LISTED CHARGE(S)																
	DEFENDANT DID (NOT) POSSESS VALID NYS IDENTIFICATION AND WAS (NOT) RELEASED ON APPEARANCE TICKET (#)																
	FILE 05 WARRANT CHECK NEGATIVE/POSITIVE																
	TRANSPORTED TO BOOKING VIA UNIT 595 WITH (OUT) INCIDENT																
	REAR SEAT CHECK NEGATIVE/POSITIVE																
	UNIT 410 SGT. 1220 NOTIFIED																
86. Arresting Officer's Signature				87. ID No.		88. Supervisor's Signature		89. ID No.						Page of			
Jes				0385		Sgt. J. Leger		040						1 of 1 pages			
90. Arrest Made As A Result Of a SAFIS Latent Print Identification?				91. ID No.		92. ID No.		93. ID No.									
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				91 0539		92		93									

**STATE OF NEW YORK  
COUNTY OF ONONDAGA  
CITY OF SYRACUSE**

TIME STARTED 2136

I, [REDACTED], being duly sworn, state I am 38 years of age [REDACTED]  
and my address is [REDACTED]. My occupation is Bartender,  
my work address is [REDACTED] and I have completed 12 years of  
school. I can be reached at the following phone numbers, [REDACTED] home and  
[REDACTED] work.

It is Thursday 29 September 2016 and I am giving this statement to Officer Walters of the Syracuse Police Department regarding an incident that just occurred. I am giving this statement truthfully and to the best of my knowledge.

At approximately 9:20pm tonight, a white male entered the bar I currently work at (Fantasy Nights) and began walking around the inside of the bar. I told this male, who Police later identified as [REDACTED] (DOB [REDACTED]) that he needs to buy a drink or he needs to leave. At this point I left from behind the bar and cut him off and stopped near him near the ATM. I told the male he needs to leave the business after telling him multiple times he needs to buy a drink or leave. The male then told me "I'll deck you," and started walking towards the front door. He then stopped outside the front door but still refused to leave. I then saw the male pull a small folding pocket knife out of his pocket and hold it in his right hand. The male then said "I'll stab you nigger." At this point I was standing outside with this guy, and he walked back inside of the bar. I did not want to confront this guy anymore as he was carrying the knife, so I stayed outside as he went back in. I then called 911 and Police arrived shortly after. Police then escorted him outside and I did not see any of the interaction between them outside.

This statement is the truth and I desire prosecution. [REDACTED]

TIME ENDED 2150

I have read this statement ( had this statement read to me ) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

**NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.**

29

day of Sept

20 16  
P.O.L. Water #338  
witness

# STATEMENT

FINAL RECORDS

STATE OF NEW YORK  
COUNTY OF ONONDAGA  
CITY OF SYRACUSE

TIME STARTED 9:49 p.m. DR #

I [REDACTED], being duly sworn, state I am 66 years of age [REDACTED] and my address is [REDACTED]. My occupation is Administrator, my work address is [REDACTED] and I have completed 19 years of school. I can be reached at the following phone numbers, [REDACTED] home and [REDACTED] work.

I am giving this statement to officer Martins in the 1200 block of N. Salina st. regarding an incident I witnessed.

On today's date at around 9:20 p.m. the owner of a bar and a patron were outside and the patron was trying to come inside without buying a drink for a second time. The bar tender asked the male to leave but the male approached the owner with a small knife. The patron chased the bar tender in a threatening manner down the street with the knife out.

The bar tender did not hit the male but called police. The patron came back into the bar and sat down in the front row of the club.

Two policemen arrived and put his hands behind his back and walked him out. Once outside I think they were trying to find his knife and cuff him for everyone's safety. The suspect started resisting being handcuffed by refusing to put his hands behind his back so the police took him to the ground and he still resisted. The police struck him several times to try to get his hands behind his but he still refused. I came back into the bar and got the bar tender to possibly help the two officers but more policemen arrived. He was not going to put his hands behind his back.

I have given this statement on my own free will.

TIME ENDED 10:00 p.m.

I have read this statement (had this statement read to me) which consists of 1 page (s) and the facts contained therein are true and correct to the best of my knowledge.

NOTE: FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE STATE OF NEW YORK.

After [REDACTED] this 29th day of Sept 20, 16 James Martins #309  
[REDACTED] Witness

# CNYLEADS Report Cover Page

Agency Name  
**Syracuse Police Department**

Incident Complaint Number  


Related DR Number  


Incident Type  
**MENA**

Officer Name

**Michael Shannon**

Select Page(s) to  
use & go to page

Select  
Page(s)

<input checked="" type="checkbox"/> <b>INCIDENT PAGE</b>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>INVOLVED PERSONS 3-5</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>INVOLVED PERSONS 6-8</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>INVOLVED PERSONS 9-11</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>INVOLVED PERSONS 12-14</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>VEHICLE PAGE</b>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>PROPERTY PAGE 1</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>PROPERTY PAGE 2</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>MISSING PERSON PAGE</b>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>OFFENSE PAGE</b>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>NARRATIVE PAGE 1</b>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <b>NARRATIVE PAGE 2</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>NARRATIVE PAGE 3</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>NARRATIVE PAGE 4</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>NARRATIVE PAGE 5</b>	<input type="checkbox"/>
<input type="checkbox"/> <b>NARRATIVE PAGE 6</b>	<input type="checkbox"/>

**CNYLEADS Incident Report** Form 3.6 (Rev. 2/07)

Agency Name <b>Syracuse Police Department</b>												Call #	Location Code	Beat	
1	2. Incd. Address Num	Prefix	Street Name			Street Type	Suffix	Bldg.		APT#	3. City	4. State	5. Zip		
n	1201	N	Salina			ST					Syracuse	NY	13208		
i	6. IncidentType		7. Premise Name					8. Alarm #		9. Occurred Date/ Time		10. To Date/ Time			
d	MENA		Fantasy Nights							09/29/2016 21:20		/ / :			
e	11. Disp. Address Num		Prefix	Street Name			Street Type	Suffix	Bldg.		APT#	12. City	13. Dispatched Date/ Time		
n	1201		N	Salina			ST					Syracuse	09/29/2016 21:24		
c	INCIDENT	Weapon 1	Weapon 2	Weapon 3	Incident Location Type	LarcenyType	Bias Crime	Burglary Force		Burglary Entrv	Significant Event (Clery only)				
i		A 11	B 77	C 77	D 26	E 77	F 77	G 77		H 77	I				
n	1. Person Type	2. Victim Type	3. Last			First		Middle			4. Suffix	5. Business Name			
v	VI	Individual	[REDACTED]			[REDACTED]									
o	6. Alias/Nickname/Maiden Name				7. Race	8. Ethnicity	9. Sex	10. DOB		11. Age	12. Hgt	13. Wgt	14. Hair	15. Eye	
l	[REDACTED]				B	N	M	[REDACTED]		37	6' 00"	250	BLK	BRO	
v	16. Address: Num	Prefix	Street Name			Street Type	Suffix	Bldg.		APT#	17. City		18. State		
e	[REDACTED]		[REDACTED]			[REDACTED]	[REDACTED]				Syracuse		NY		
d	19. Zip	20. Resident Status (Clery only)		21. Home Phone			22. Cell Phone	23. Soc. Sec. #		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos			
e	[REDACTED]	[REDACTED]		[REDACTED]			[REDACTED]	[REDACTED]							
P	25. Describe:										26. Skin	27. Eyewear	28. Employer		
e	Fantasy Nights										D				
r	29. Work Phone	30. Occupation		31. Address Num	Prefix	Street Name			Street Type		Suffix				
s	( ) -	Bartender		1201	N	Salina			ST						
o	Bldg.	Suite#	32. City	33. State		34. Zip	35. Apparent Condition			36. Handicapped	37. Nature of Ill / Inj	38. Med. Treatment			
n			Syracuse	NY		13208	Not Injured			N	77	77			
v	39. Subject description, actions, etc														
o	<b>1 VI of menacing</b>														
l	1. Person Type	2. Victim Type	3. Last			First		Middle			4. Suffix	5. Business Name			
v	VI	Society	[REDACTED]			[REDACTED]						New York State			
o	6. Alias/Nickname/Maiden Name				7. Race	8. Ethnicity	9. Sex	10. DOB		11. Age	12. Height	13. Weight	14. Hair	15. Eye	
n	511	S	State			ST		[REDACTED]			' "				
v	16. Address: Num	Prefix	Street Name			Street Type	Suffix	Bldg.		APT#	17. City		18. State		
e	13202		[REDACTED]			[REDACTED]	[REDACTED]				Syracuse		NY		
d	19. Zip	20. Resident Status (Clery only)		21. Home Phone			22. Cell Phone	23. Soc. Sec. #		23A. Student ID # (Clery only)		24. Scars / Marks / Tattoos			
e	[REDACTED]	[REDACTED]		[REDACTED]			[REDACTED]	[REDACTED]							
P	25. Describe:										26. Skin	27. Eyewear	28. Employer		
e															
r	29. Work Phone	30. Occupation		31. Address Num	Prefix	Street Name			Street Type		Suffix				
s	( ) -	[REDACTED]				[REDACTED]			[REDACTED]						
o	Bldg.	Suite#	32. City	33. State		34. Zip	35. Apparent Condition			36. Handicapped	37. Nature of Ill / Inj	38. Med Treatment			
n			Syracuse	NY			Not Applicable			N	77	77			
v	39. Subject description, actions, etc														
o	<b>2 VI of resisting arrest</b>														
l	1. Owner	2. Status	3. Desc. Code	4. Quantity	5. Measure	6. Item									
v	Person 3	06	40	01		Folding Knife									
o	7. Make	8. Drug Type	9. Model	10. Serial Number			11. Gun Type			12. Gun Caliber		13. Value			
n	Unknown			[REDACTED]			[REDACTED]					\$ 1.00			
v	1. Code	2. Plate #	3. State	4. Expiration	5. Reg. Type	6. Imp. Plate	7. VIN/HULL #						8. # Occ.		
h	/ /			/ /											
i	9. Year	10. Make			11. Model		12. Style		13. Color		14. Vehicle Value	15. Damage Est.	16. Weapon in Veh	17. NCIC Ck	
c		[REDACTED]			[REDACTED]		[REDACTED]		[REDACTED]						
l	18. Vehicle Description / Damage														
v	19. Towed	20. Owner Notif	21. Hold	22. Reason			23. To/By Tow Company					24. Truck #/ Tow Operator			
o				[REDACTED]			[REDACTED]								
f	1. CASE STATUS:	2. CLOSED BY:	DISPOSITION: (SU only)			3. NYSPIN MSG:			4. DATE	5. TIME	Records Use Only				
f	Closed	Arrest							/ /	:				743	
g	6. NOTIFIED UNIT:			7. PERSON NOTIFIED:			8. NOTIFIED DATE TIME:		9. CASE RESPONSIBILITY/TOT:				Lab Submission Request		
g	[REDACTED]			[REDACTED]			/ / :		[REDACTED]				N		
o	False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY						Administrative Use Only						Page <b>2</b>		
f	10. PRINT NAME 11. ID# 12. SIGNATURE						13. SUPERVISOR NAME (PRINT)						14. ID# APPROVED DATE 15. APPROVED BY SIGNATURE		
f	Michael Shannon 0385 Electronically Signed						Sgt Susan Izzo						0040 09/30/2016 Approved Electronically		
g	of 7														

# CNYLEADS Involved Persons 3-5 Supplement

DR #

1. Person Type <b>AR</b>	2. Victim Type					Middle		4. Suffix	5. Business Name		
6. Alias/Nickname/Maiden Name		7. Race <b>W</b>	8. Ethnicity <b>N</b>	9. Sex <b>M</b>	10. DOB	11. Age <b>52</b>	12. Hgt <b>6' 00"</b>	13. Wgt <b>230</b>	14. Hair <b>BRO</b>	15. Eye <b>BRO</b>	
		Street Type <b>ST</b>		Suffix		Bldg.	APT# <b>504</b>	17. City <b>Syracuse</b>		18. State <b>NY</b>	
		22. Cell Phone				23. Soc. Sec. #	23A. Student ID #(Clery only)		24. Scars/Marks/Tattoos		
25. Describe: <b>AR for menacing and resisting arrest</b>						26. Skin <b>L</b>	27. Eyewear	28. Employer <b>Unemployed</b>			
29. Work Phone ( ) -		30. Occupation <b>None</b>	31. Address Num	Prefix	Street Name				Street Type	Suffix	
Bldg.	Suite#	32. City	33. State	34. Zip	35. Apparent Condition <b>Injured/Ill</b>			36. Handicapped <b>N</b>	37. Nature of Ill/Inj <b>07</b>	38. Med Treatment <b>01</b>	
39. Subject description, actions, etc											
3. <b>Witnessed below described incident</b>											
1. Person Type	2. Victim Type	3. Last	First			Middle		4. Suffix	5. Business Name		
6. Alias/Nickname/Maiden Name			7. Race <b>W</b>	8. Ethnicity <b>N</b>	9. Sex <b>M</b>	10. DOB	11. Age <b>66</b>	12. Hgt <b>5' 9"</b>	13. Wgt	14. Hair	15. Eye
16. Address: Num	Prefix	Street Name	Street Type		Suffix		Bldg.	APT#	17. City <b>Syracuse</b>	18. State <b>NY</b>	
19. Zip	20. Resident Status (Clery only)		21. Home Phone ( ) -	22. Cell Phone ( ) -			23. Soc. Sec. # - - -	23A. Student ID #(Clery only)	24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear	28. Employer			
29. Work Phone ( ) -		30. Occupation	31. Address Num	Prefix	Street Name				Street Type	Suffix	
Bldg.	Suite#	32. City	33. State	34. Zip	35. Apparent Condition <b>Normal</b>			36. Handicapped <b>N</b>	37. Nature of Ill/Inj <b>77</b>	38. Med Treatment <b>77</b>	
39. Subject description, actions, etc											
4. <b>Witnessed below described incident</b>											
1. Person Type	2. Victim Type	3. Last	First			Middle		4. Suffix	5. Business Name		
6. Alias/Nickname/Maiden Name			7. Race	8. Ethnicity	9. Sex	10. DOB <b>1/1</b>	11. Age	12. Hgt <b>5' 9"</b>	13. Wgt	14. Hair	15. Eye
16. Address: Num	Prefix	Street Name	Street Type		Suffix		Bldg.	APT#	17. City	18. State	
19. Zip	20. Resident Status (Clery only)		21. Home Phone ( ) -	22. Cell Phone ( ) -			23. Soc. Sec. # - - -	23A. Student ID #(Clery only)	24. Scars/Marks/Tattoos		
25. Describe:						26. Skin	27. Eyewear	28. Employer			
29. Work Phone ( ) -		30. Occupation	31. Address Num	Prefix	Street Name				Street Type	Suffix	
Bldg.	Suite#	32. City	33. State	34. Zip	35. Apparent Condition			36. Handicapped	37. Nature of Ill/Inj	38. Med Treatment	
39. Subject description, actions, etc											
5. <b>False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY</b>					Administrative Use Only						
PRINT NAME <b>Michael Shannon</b>					ID# <b>0385</b> SIGNATURE <b>Electronically Signed</b>						
					SUPERVISOR NAME (PRINT) <b>Sgt Susan Izzo</b>						
					ID# <b>0040</b> APPROVED DATE <b>09/30/2016</b> APPROVED BY SIGNATURE <b>Approved Electronically</b>						

**CNYLEADS Property Supplement 2-14**

DR #

Total \$

2.00

1. OWNER <b>Person 3</b>		2. STATUS <b>08</b>	3.DESC. CODE <b>05</b>	4. QUANTITY <b>01</b>	5. MEASURE	6. ITEM <b>Misc. Personal Property</b>				
P r o p 2	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER		11. GUN TYPE	12. GUN CALIBER	13. VALUE <b>1.00</b>		
P r o p 3	1. OWNER	2. STATUS	3.DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM				
P r o p 4	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER		11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p 5	1. OWNER	2. STATUS	3.DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM				
P r o p 6	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER		11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p 7	1. OWNER	2. STATUS	3.DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM				
P r o p 8	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER		11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p 9	1. OWNER	2. STATUS	3.DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM				
P r o p 10	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER		11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p 11	1. OWNER	2. STATUS	3.DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM				
P r o p 12	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER		11. GUN TYPE	12. GUN CALIBER	13. VALUE		
P r o p 13	1. OWNER	2. STATUS	3.DESC. CODE	4. QUANTITY	5. MEASURE	6. ITEM				
P r o p 14	7. MAKE	8. DRUG TYPE	9. MODEL	10. SERIAL NUMBER		11. GUN TYPE	12. GUN CALIBER	13. VALUE		

*False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLAFIRMED UNDER PENALTY OF PERJURY*

PRINT NAME

**Michael Shannon**

ID# SIGNATURE

0385 Electronically Signed

Administrative Use Only

**SUPERVISOR NAME (PRINT)**

ID# APPROVED DATE APPROVED BY SIGNATURE

0040 09/30/2016 Approved Electronically

## CNYLEADS

## Offense Page

DR #

	1. Law Type	2. Section	3. Sub	4. Class	5. Cat	6. Degree	7. Attempt	8. Offense Name	9. Count
1	PL	12014	01	A	M	2	N	Menacing	01
2	PL	26501	02	A	M	4	N	CPW	01
3	PL	20530		A	M		N	Resisting Arrest	01
4									
5									
6									
7									
O									
F									
F									
E									
N									
S									
E									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									

False Statements made herein are punishable as a Class A Misdemeanor  
pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY

PRINT NAME  
**Michael Shannon**

ID# SIGNATURE

**0385 Electronically Signed**

Administrative Use Only

SUPERVISOR NAME (PRINT)

**Sgt Susan Izzo**

Page **5**

ID# APPROVED DATE APPROVED BY SIGNATURE

**0040 09/30/2016 Approved Electronically**

of

**7**

# CNYLEADS Narrative Supplement 1

AGENCY <b>Syracuse Police Department</b>			DR # <span style="background-color: yellow;">[REDACTED]</span>		
Person Type <b>VI</b>	Last Name <span style="background-color: black; color: black;">[REDACTED]</span>	First <span style="background-color: black; color: black;">[REDACTED]</span>	Middle <span style="background-color: black; color: black;">[REDACTED]</span>	Suffix <span style="background-color: black; color: black;">[REDACTED]</span>	Business Name <span style="background-color: black; color: black;">[REDACTED]</span>

On Thursday, 29Sep16, at 2124hrs, while assigned to Unit 432C along with Ofc. Dixon, we responded to 1201 N. Salina Street at Fantasy Nights in regards to a menacing investigation.

Upon arrival, I spoke with the caller, [REDACTED], who stated the following. At approximately 2120hrs, a white male, who was later identified as [REDACTED] entered the Fantasy Nights. [REDACTED] who is the bartender at the same location, stopped [REDACTED] at the door and advised him of the one(1) drink minimum purchase that is required to gain entry. [REDACTED] refused to purchase the drink and was asked to leave multiple times. [REDACTED] refused to exit and instead continued into the bar where he was stopped by [REDACTED] [REDACTED] asked him several more times to exit the property and [REDACTED] responded "I'll deck you." [REDACTED] then moved towards the door and stepped out under the front overhang of the premise where he stopped and decided once again not to leave. When [REDACTED] told [REDACTED] yet another time to exit the property, [REDACTED] pulled out a small black handled folding knife and pointed the open blade towards [REDACTED] in a threatening manner. [REDACTED] then stated " I'll stab you nigger." [REDACTED] then left the property and went up the block to call 911 while re-entered the business. [REDACTED] advised that he did want [REDACTED] removed from the property and arrested for threatening him with the above described weapon.

[REDACTED] stated that [REDACTED] was still inside the establishment and was believed to be in possession of the above described knife, which [REDACTED] saw [REDACTED] place back into his pocket. I then entered the business along with Ofc. Dixon and [REDACTED] pointed [REDACTED] out to us. We approached [REDACTED] at the table he was sitting at and asked him to walk outside with us to discuss the above incident. He refused to stand up and remained seated, ignoring our presence. Myself and Ofc. Dixon then each grabbed onto an arm [REDACTED] and escorted him through the bar and out to the front. Being concerned that [REDACTED] was still in possession of a knife, I maintained control of his left arm while Ofc. Dixon maintained control of his right arm. While walking him through the bar, I heard Ofc. Dixon issue multiple commands for [REDACTED] to keep his right hand away from his pockets. Once we got outside, I advised [REDACTED] to place his hands behind his back and advised that he would be detained while we continue our investigation. As I issued this command, I heard Ofc. Dixon again order [REDACTED] to stop moving his right hand towards his pocket. I ordered [REDACTED] for the second time to place his hands behind his back at which time he tensed his left arm up and pulled the arm up over my head and backwards, breaking my grasp on him. [REDACTED] then struggled away from Ofc. Dixon and attempted to turn his body towards me however was forced to the ground by Ofc. Dixon. Once on the ground I knelt down on the left side of [REDACTED] and regained my grasp on his left arm. From this position I shouted several commands to place his arms behind his back [REDACTED] tensed up his left arm and pulled it in towards his body and then underneath his chest while he lay stomach down on the sidewalk. From this position [REDACTED] struggled to break my grasp by jerking his arm back and forth forcefully underneath his body. When I was unable to force the arm free, I struck [REDACTED] in the left side of the face with a closed left fist. Several more verbal commands were issued to stop resisting arrest and to place his hands behind his back. When [REDACTED] refused to pull his left arm out from underneath him, I struck him multiple times in the left side of the face with a closed right fist. Following the strikes I issued further commands to stop resisting arrest. [REDACTED] still refused to release his arm to me at which time I struck him in the left side of the body twice with a closed right fist. I then heard [REDACTED] yell "I'm done, I give up" and he removed his left arm out from underneath his body. From this position I was able to force his left arm behind his back where he was handcuffed without further incident.

[REDACTED] sustained minor injuries including a laceration behind the left ear. AMR responded on scene to treat said injuries and released [REDACTED] without medical transport.

[REDACTED] advised that he did desire prosecution against [REDACTED] and provided a written statement detailing the above events.

[REDACTED], a witness to the above events, also provided a written statement detailing the incident.

McCarthy was subsequently charged with Menacing 2nd, CPW 4th, and Resisting Arrest and was transported

## CNYLEADS Narrative Supplement 2

AGENCY <b>Syracuse Police Department</b>		DR # <b>[REDACTED]</b>			
Person Type <b>VI</b>	Last Name <b>[REDACTED]</b>	First <b>[REDACTED]</b>	Middle	Suffix	Business Name

booking in the rear of Unit 595C.

**[REDACTED]** was refused at intake by the Justice Center medical staff and was transported to Upstate Hospital by AMR for further treatment.

I sustained no injuries as a result of the above incident.

Unit 535C E.T. Hahn responded on scene.

Unit 410C Sgt. Izzo notified of incident and responded on scene.

For further information see supplemental reports under the above listed DR#.

Case closed by arrest.

False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPLA FIRMED UNDER PENALTY OF PERJURY PRINT NAME <b>Michael Shannon</b> ID# <b>0385</b> SIGNATURE <b>Electronically Signed</b>			Administrative Use Only SUPERVISOR NAME (PRINT) <b>Sgt Susan Izzo</b>		ID# <b>0040</b> APPROVED DATE <b>09/30/2016</b> APPROVED BY SIGNATURE <b>Approved Electronically</b>	Page <b>7</b> of <b>7</b>
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# CNYLEADS Supplemental Report Cover Page

Agency Name  
Syracuse Police Department

ORI [REDACTED]	Location Code 3401	Incident Complaint Number [REDACTED]
Incident Type MENA	Occurred Date/ Time 09/29/2016 21:20	Follow-up / Supplemental Date / Time 09/29/2016 23:30
Incident Address: Number 1201	Prefix N	Street Name Salina
		Street Type ST
		Suffix [REDACTED]

Related DR Number  
[REDACTED]

Select Page(s) to use & go to page

<input checked="" type="checkbox"/> <b>NARRATIVE PAGE 1</b> <input type="checkbox"/> <b>NARRATIVE PAGE 2</b> <input type="checkbox"/> <b>NARRATIVE PAGE 3</b> <input type="checkbox"/> <b>NARRATIVE PAGE 4</b> <input type="checkbox"/> <b>NARRATIVE PAGE 5</b> <input type="checkbox"/> <b>NARRATIVE PAGE 6</b> <input checked="" type="checkbox"/> <b>INVOLVED PERSONS 1-3</b> <input type="checkbox"/> <b>INVOLVED PERSONS 4-6</b> <input type="checkbox"/> <b>INVOLVED PERSONS 7-9</b> <input type="checkbox"/> <b>INVOLVED PERSONS 10-12</b> <input type="checkbox"/> <b>INVOLVED PERSONS 13-15</b> <input type="checkbox"/> <b>INVOLVED PERSONS 16-18</b> <input type="checkbox"/> <b>VEHICLE PAGE</b> <input type="checkbox"/> <b>PROPERTY PAGE 1</b> <input type="checkbox"/> <b>PROPERTY PAGE 2</b> <input checked="" type="checkbox"/> <b>OFFENSE PAGE</b>	<input type="checkbox"/> <input type="checkbox"/>
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1. CASE STATUS: Closed	2. CLOSED BY: Arrest	DISPOSITION: (Clery only)	3. NYSPIN MSG:	4. DATE //	5. TIME :	Records Use Only 743
6. NOTIFIED UNIT:	7. PERSON NOTIFIED:	8. NOTIFIED DATE TIME: // : :	9. CASE RESPONSIBILITY/TOT:	Lab Submission Request N		
False Statements made herein are punishable as a Class A Misdemeanor pursuant to 210.45 NYSPL AFFIRMED UNDER PENALTY OF PERJURY		Administrative Use Only				
10. PRINT NAME Michael Dixon		11. ID# 12. SIGNATURE 0539 Electronically Signed		13. SUPERVISOR NAME (PRINT) Sgt Susan Izzo	14. ID# APPROVED DATE 0040 09/30/2016	15. APPROVED BY SIGNATURE Approved Electronically